

EXHIBIT J

STATE OF NEW YORK STANDARD FIRE CLAIM FORM (NYFC-1) PART 2

FURNISH ALL INFORMATION AS OF DATE OF LOSS. INDICATE "N/A" FOR ANY ITEM NOT APPLICABLE TO YOU. USE REVERSE SIDE IF MORE SPACE REQUIRED.

1	OWNERSHIP INFORMATION – List names and addresses of: (a) Shareholder if a corporation, (b) Partners, including limited partners, (c) Trustees and beneficiaries. Note: List only those with an ownership interest of 25% or more, except for close corporations and beneficiaries where all owners should be listed. Also, list all shareholders when there are ten or less.			
	NAME	ADDRESS	POSITION	INTEREST%
	FRED LEE	45-54 193rd Street Flushing N.Y. 11358		
	Ann Lee	"		
2	MORTGAGEE INFORMATION: (a) Name and address of mortgagee(s) <u>Dovermuelle mortg. inc</u> <u>1 Corporate Drive, Suite # 360 Lake Zurich, IL 60047-8945</u>			
	(b) Mortgage balance \$ <u>212,189.32</u>	(c) Mortgage installment payment(s) <u>3203.22</u>		
	Due date(s) <u>First Day of Every month</u>	Amount(s) overdue \$ <u>0.00</u>		
	(d) Have foreclosure proceedings commenced? <u>No</u>			
3	PURCHASE INFORMATION: Date purchased <u>July 2, 2013</u> From whom <u>Jose & Marta Dutton</u> Cash paid \$ <u>220,000</u> Total purchase price \$ <u>600,000</u>			
4	List of liens on property or business including all taxes overdue one year or more; amount and type. <u>N/A</u>			
5	List current code violations – (Fire, safety, health, building, construction or other) <u>N/A</u>			
6	LOSS INFORMATION: (Not required for federal or state chartered lending institutions). (a) List any losses to this property exceeding \$5,000 while you or anyone listed in item 1 or 2 above had an insurable interest in this property. AMOUNT(S) DATE(S) \$ (b) List all losses within the last 5 years exceeding \$5,000 to any other property in which you or anyone listed in item 1 or 2 above had an insurable interest. AMOUNT(S) DATE(S) NAME(S) \$ <u>N/A</u>			
7	List convictions within the last 5 years of anyone with a financial interest in this property for fraud or arson related to this or other property. <u>N/A</u>			
8	VACANCY: (a) Indicate seasonal period, if any, when building is unused <u>N/A</u> (b) For residential building, indicate: Total units <u>2</u> Vacant units <u>0</u> (c) For other buildings, indicate: Total annual rental income \$ _____ Area of building vacant _____ (d) For all buildings, indicate the following: (i) Reason for vacancy <u>fire</u> (ii) Anticipated date of occupancy? _____ (iii) If the building is vacant or unoccupied, indicate how it was protected from unauthorized entry _____ (iv) Is there a governmental order to vacate or demolish the building or has the building been classified as uninhabitable or structurally unsafe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate agency and order or docket no. _____ (v) Was water, sewage, electricity or heat out of service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain <u>gas hot water, heat</u> (vi) Was the building offered for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate name and address of broker, if any: _____			
9	List any policy or coverage on this property which has been declined, cancelled or non-renewed in the last 3 years: DATE AMOUNT OF INSURANCE CARRIER POLICY NO. \$ <u>N/A</u>			
<p>"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION"</p>				
SIGNATURE OF CLAIMANT <u>[Signature]</u>		TITLE <u>owner</u>		DATE <u>4/28/2020</u>

THIS IS NOT A PROOF OF LOSS. OTHER FORMS MAY BE REQUIRED AS PROVIDED IN YOUR POLICY.

FACT SHEET

Please be advised this form is not a proof of loss or an examination under oath and is not to be considered a waiver of any of the policy conditions. (Please use the reverse side for comments, if necessary.)

NAME OF INSURED Fred Lee

CURRENT MAILING ADDRESS OF INSURED 45-54, 193rd Street, Flushing, NY 11358

LOCATION OF DAMAGED PROPERTY 39-11, 27th Street, L.I.C. NY 11101

DATE OF LOSS March 2, 2020

DATE PROPERTY PURCHASED July 2, 2013 FROM WHOM Jose & Maria Duran

TOTAL PRICE PAID 680,000 CASH PAID 220,000

MORTGAGES TAKEN OVER N/A
NAME AND AMOUNT

OTHER AMOUNTS PAID AND OBLIGATIONS ASSURED

ADDRESS AND IDENTITY OF PRESENT MORTGAGES AND BALANCE OF
MORTGAGE ON DATE OF CLAIM: Dovenmuehle Mortg. Inc. 1 Corporate Drive, Suite
Lake Zurich, IL 60047
40 272,189.22

IMPROVEMENTS ON PROPERTY FROM DATE OF PURCHASE TO DATE OF CLAIM:

Basement

COST OF IMPROVEMENTS: 15,000⁰⁰

PREVIOUS LOSSES SUSTAINED BY YOU AT THIS LOCATION:

<u>INSURANCE CO.</u>	<u>POLICY #</u>	<u>DATE</u>	<u>AMOUNT OF LOSS</u>
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N/A

Current Use of Property

OUTSTANDING TAXES

N/AWATERSEWER LIENOTHER LIENSAMOUNTN/AN/A

ACTUAL RENTS COLLECTED TWELVE (12) MONTHS BEFORE THE LOSS

COMMERCIAL

DWELLING

OF RENTAL UNITS IN BUILDING

 2

OF UNITS OCCUPIED BEFORE DATE OF LOSS

 2

OF UNITS OCCUPIED AFTER DATE OF LOSS

WHAT WOULD THE RENT ROLL BE IF FULLY RENTED THE LAST THREE (3) MONTHS BEFORE THE LOSS?

COMMERCIAL

DWELLING

4,800⁰⁰

PLEASE SUPPLY TENANT NAME, APT. #, NUMBER OF ROOMS, CURRENT RENT ROLL. (ATTACH LIST IF NECESSARY)

<u>Golden Topalovic</u>	<u>1st floor</u>	<u>2 BR</u>	<u>2,650⁰⁰</u>
<u>Christine Fernin</u>	<u>2nd "</u>	<u>"</u>	<u>2,150⁰⁰</u>

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Dated

Signature of the Insured or Principal of the Insured Corporation

Statement of Occupancy And Rental

I/We the insured(s) Fred Lee & Anna Lee
residing at 45-54 193rd Street Flushing NY 11358
under policy # 314 PK-49300-03
issued by Union Mutual Fire Insurance Company
in making claim for five loss which
occurred on 3/2/2020, hereby make the following statement of
occupancy and rental:

1. Number of Apartments: Two
2. Number of Commercial occupancies: N/A
3. Number of tenants in occupancy for the last full month before the date of loss:

- (a) Apartments: Two
- (b) Commercial occupancies: _____

4. Number of tenants in occupancy after the date of loss in:

- (a) Apartments: _____
- (b) Commercial occupancies: _____

5. Number of leases on the date of loss for:

- (a) Apartments: Two
- (b) Commercial occupancies: N/A

6. Amount of rents actually collected for the last full month before loss:

\$ 4,800⁰⁰

7. Amount of rent actually collected for the last year before the month during which the loss occurred:

\$ 4,150⁰⁰ / per month

8. Number of rental delinquencies on date of loss:

\$ N/A

9. Amount of Rent owed on the date of loss:

\$ N/A

10. For each vacancy on the date of loss state the length of time vacant and commercial occupancy or apartment number (*Attach list if necessary*):

(A) 3/2/2020 - up to date

(B) "

(C)

(D)

(E)

(F)

11. Amount of last electric bill received before loss: \$ 135³⁵

12. Period of time covered by bill: 1/3/2020 - Feb 4, 2020

13. Amount of last gas bill received before loss: \$ 478⁶⁰

14. Period of time covered by bill: 32 days

15. Amount and cost of last fuel oil delivery before loss: \$ N/A
Gals

16. Date of last fuel oil delivery before loss:

17. Name and Address of fuel oil supplier:

N/A

18. Name and present address of all tenants on the date of loss, showing which commercial occupancy or apartment occupied before the date of loss (*Attach list if necessary*):

- (A) Gordon Topalomi
- (B) Christina Fierstein
- (C)
- (D)
- (E)
- (F)

19. Total cost of repairs and maintenance for the year before the month of the loss:

\$ 3000⁰⁰

The undersigned certifies that the above information has been placed on this form at his direction and that the same is true; and further recognizes that the Insurance Company will rely upon it in the adjustment of claim.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

X _____
(Insured)

4/20/2020
(Date)

45-54 193rd Street, Flushing NY 11358
(Present Address)

917-399-2642
(Present Telephone Number)

State of New York
Standard Fire Claim Form (NYFC-1) Part 2

FURNISH ALL INFORMATION AS OF THE DATE OF LOSS
INDICATE "N/A" FOR ANY ITEM NOT APPLICABLE TO YOU
USE REVERSE SIDE IF MORE SPACE IS REQUIRED

1. OWNERSHIP INFORMATION - list names and address of:

- A. Shareholder, if a corporation
B. Partners, including limited partners
C. Trustees and beneficiaries

Note: List only those with an ownership of 25% or more, except for close and beneficiaries where all owners should be listed. Also, list all shareholders when there are ten or less.

NAME	ADDRESS	POSITION	INTEREST
FRED LEE	45-54 193rd Street	Flushing	NY 11358
Ann Lee	"	"	"

2. MORTGAGEE INFORMATION

- A. Name and address mortgagee(s): Dovermühle Mktg. Inc
1 Corporate Drive, Suite #360 Lake Zurich, IL 60047-8945
 B. Mortgage balance: 272,189.22
 C. Mortgage installment:
 Payments: 3203.22 Due Dates: First Day Amount(s) overdue: N/A

D. Have foreclosure proceedings commenced?

☐ Yes

☒ No

3. PURCHASE INFORMATION

Date purchased 1/8/2013 From whom Jose & Maria Datan
 Cash paid 220,000 Total purchase price 680,000

4. LIST ALL LIENS of property or business including all taxes overdue one or more, amount and type

N/A

5. LIST CURRENT CODE VIOLATIONS -- (Fire, safety, health, building, construction or other)

N/A

6. LOSS INFORMATION (Not required for federal or state chartered lending institutions)

- A. List any losses to this property exceeding \$5000 while you or anyone listed in item 1 or 2 above had an insurable interest in this property.

Amount(s)

Date(s)

N/A

N/A

- B. List all losses within the last 5 years exceeding \$5000 to any other property in which

you or anyone listed in item 1 or 2 above had an insurable interest.

Amount(s)

N/A

Date(s)

7. LIST CONVICTIONS within the last 5 years of anyone with a financial interest in this property for fraud or arson related to this or any other property.

N/A

8. VACANCY

A. Indicate seasonal period, if any, when building is unused

N/A

B. Residential buildings, indicate: Total Units 2 Vacant units 2

C. Other buildings indicate: Total annual rental income

Area of building vacant

D. For all buildings indicate the following:

a. Reason for vacancy

fire

b. Anticipated date of occupancy

when finished repairs

c. If the building is vacant or unoccupied, indicate how it was protected from unauthorized entry

Entrance Door Locked

d. Is there a governmental order to vacate or demolish the building or has the building been classified as uninhabitable or structurally unsafe?

☐ Yes

☒ No

If Yes, indicate agency and

order or docket no.

e. Was water, sewerage, electricity or heat out of service?

☒ Yes

☐ No

If Yes, explain

heat Hot water

f. Was building offered for sale? ☐ Yes

☒ No

If Yes, indicate name and address of broker, if any

9. List any policies or coverage on this property which has been declined, cancelled or non-renewed in the last three years:

Date

Amt of Ins

Carrier

Policy No.

N/A

Use the reverse to complete any of the foregoing items, please reference item number.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FAUDULENT INSURANCE ACT WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of Claimant

Title

Date

4/28/2020

THIS IS NOT A PROOF OF LOSS. OTHER FORMS MAY BE REQUIRED.

STATE OF NEW YORK SUPPLEMENTAL FIRE CLAIM FORM (NYFC-1) PART 3

Claim/ Policy #: 314PK-49300-03 Date of Fire: 3/2/2020Location: 39-11. 29 street Insured: Fred & Ann Lee
Long Island City NY 11101Ownership Information:

List the names and addresses of : (a) persons with an interest of five (5) percent or more in the proceeds of the claim, (b) any mortgagee, vendee in possession, receiver, executor or trustee (including the beneficiaries of the trust), all partners, (c) all officers directors and persons having an interest in more than ten (10) percent of the issued outstanding stock of a corporation*.

Name	Address	Position	Interest %-age
Fred Lee	45-54. 193rd street, Flushing NY 11358		
Ann Lee	"		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FAUDULENT INSURANCE ACT WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Singanture  Date 4/28/2020

*Other than a banking organization as defined in Section 2 of the Banking Law, a national banking association, a federal savings and loan association, the mortgage facilities corporation, saving bank life insurance fund, the saving bank retirement system, an authorized insurer as defined in Section 107 of this chapter or a trust company or other corporation organized under the laws of this state of the capital stock of which is owned by at least 2 savings banks or by at least 20 saving and loans associations or a subsidiary corporation all of the capital stock if which is owned by such trust company or other corporation the shares of which are listed on a national securities exchange or regularly quoted in the over-the-counter market by one or more members of a national or affiliated stock exchange.